



2-132/2
Smy Docket No. 990485

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

8/A
5-5-04
B.J.Lt

In Re Application of)

Rose and Hawkes)

Serial No. 09/468,557)

Filed: December 21, 1999)

For: METHOD OF AUTHENTICATING
ANONYMOUS USERS WHILE
REDUCING POTENTIAL
"MIDDLEMAN" FRAUD

) Group No. 2132

RECEIVED

APR 20 2004

Technology Center 2100

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 12, 2003, Applicants hereby petition for a one-month extension of time until April 12, 2004, and accordingly submit the requisite fee herewith. Please amend the above identified application as follows.

04/16/2004 HGUTEMA1 00000030 170026 09468557

01 FC:1251 110.00 DA

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Stacy Dumrauf
(type or print name)

Date: April 12, 2004

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Signature: Stacy Dumrauf

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 990485
In Re Application of: Rose and Hawkes
Serial Number: 09/468,557
Filed: December 21, 1999
Examiner: Douglas J. Meislahn
Group Art Unit: 2132

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APR 20 2004

Technology Center 2100

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	20	20	0	x \$18 =	\$0
Independent**	4	4	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$110	\$110
			<input type="checkbox"/> Two Months	\$420	\$0
			<input type="checkbox"/> Three Months	\$950	\$0
TERMINAL DISCLAIMER				\$110	\$0
				TOTAL FEE	\$110

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 12, 2004

Signature:

Jae-lee Choi, Reg. No. 45, 288
(858) 651-5469QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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Depositor's Name: _____
(type or print name)

Signature: